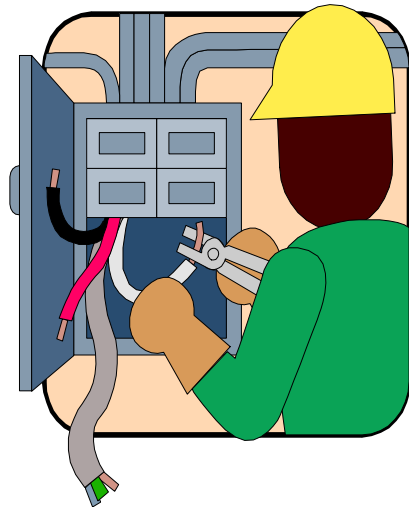
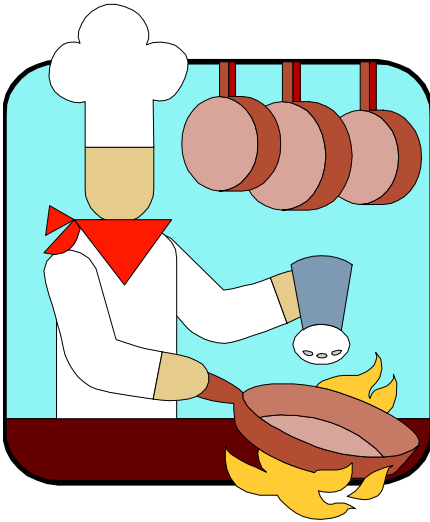


Employer Based Training

(Formally known as OJT)



FORMS & INSTRUCTIONS

Employer Based Training Checklist

- _____ A Determination of Entitlement has been approved and issued.
- _____ Applicant Assessment, including certification that the worker does not have skills to obtain suitable employment or suitable employment does not exist in local labor market.
- _____ Training packet completed
 - Forms:
 - _____ Trade Act Applicant Assessment
 - _____ Request for Worker Employer Based Training Approval and Allowances While in Training
 - _____ Employer Based Training Agreement
 - _____ Employer Based Training - Employer Application
 - _____ Worker's Responsibilities While in TAA Approved Employer Based Training
 - _____ Employer Billing Information
 - _____ Billing Invoice
 - _____ Advisory Form
 - _____ Other information that should be included with this Employer Based Training packet:
 - _____ Assessment information
 - _____ Employer information outlining any special training plans/goals
 - _____ Ancillary costs: A list of any additional tools or supplies necessary for the applicant to successfully complete the program. This should include costs and contact/billing information of where the items need to be purchased from, if applicable. This should also indicate if the costs are part of the training itself, or if they will need to be purchased separately.
 - _____ Labor market information
 - _____ Statement from the counselor (if applicable) either recommending approval or denial of the Employer Based Training request.
- _____ Send complete packet to the Trade Act Representative in Juneau:

Department of Labor and Workforce Development
Employment Security Division
Trade Act Program
PO Box 25509
Juneau, AK 99802
Phone: (907) 465-1882
(907) 465-5947
Fax: (907) 465-8753

Counselor Instructions

For a Successful Trade Act Employer Based Training Program (OJT)

An Employer Based Training program is only one of the approved training programs under the Trade Act. Effective with the Trade Reform Act of 2002, Employer Based Training used to be known as On-the-Job Training. Though there are some special procedures, the preliminary procedures are the same as any other training program approval (skill assessment, training). There is no TRA for Employer Based Training.

Before Talking to the Employer

The Employer Based Training contract is a binding contract between an employer who is offering the training program to a worker and the Employment Security Division. You must be prepared for the negotiation with the employer.

First, follow the same procedures for Employer Based Training as for any other Trade Act approved training. This means interviewing the worker about plans for training, expectations, and occupational goals.

Work with the individual to complete the "Employer Based Training Plan." Parts of this plan may change after talking to the employer, but it will give you a basis for developing the training program.

During this part of the planning, make sure the six conditions for training approval are met. (See EPM) This is fundamentally important.

If there are additional costs besides the price of the training (50% of the wages paid by the employer), specify in some detail the tools, supplies, or equipment that are necessary. If the employer normally supplies these to workers, they may be made part of the contract, either as ancillary costs or as items of no cost to the agency. If they are normally supplied by the workers themselves and are a necessary and normal part of the position, they may be provided to the worker through the normal Purchase Order procedure separate from the contract.

Any associated remedial education needs or classroom training should be discussed at this stage in preparation for negotiation with the employer. Any remedial or classroom training must be fully justified as necessary for the successful completion of the program.

After it is clear the training plan will meet the requirements of the Trade Act, complete the ETA 858. This is the official request of the worker for training.

The key to a successful negotiated Employer Based Training program is to understand the workers needs and the occupational goal before actually talking to the employer.

At this point you should contact the Trade Act Coordinator to inform them of the possible Employer Based Training contract and the projected costs of the participants training. You can do this by phone or email. This is to guarantee that funds will be available for the program.

Negotiating the Contract

Make an appointment to talk to the employer about the Employer Based Training program. This is best done in person without the worker present, but use your own judgment. The employer will probably know something about the Trade Act already, since someone, usually the worker, has already approached the employer about a willingness to provide the training.

Explain the purpose of the Trade Act and the special requirements of the program. It is critical that the employer understands there are special requirements mandated by the Trade Act. If these are explained, it makes the actual contract less intimidating.

Discuss the sequence and the length of the training. You will already know from your investigation approximately how long the training for the particular occupation should be. Ask questions that will bring out exactly what the worker will receive in training. Ask to see the facilities if it is appropriate.

After the preliminary discussion, go over the contract with the employer and answer any questions. Use your judgment in modifying the preliminary training plan you negotiated with the worker. The Employment Division is counting on you to see that the trainee is approved for a program that will be a meaningful and successful career change.

Use the Checklist. This will help you to distribute the right papers to the participants.

Approval of the Contract

The Trade Act Coordinator is the agency's representative for the Employer Based Training contract. Have the employer complete their portion of the contract and send the Employer Based Training package to the central office for the Coordinator's signature of approval. Explain to the employer that they will receive the completed contract in the mail.

The Billing Process

Give the employer a copy of the billing instructions. This will help you in explaining the process and will help the employer remember what to do after you have gone.

Explain the billing process to the employer carefully. For each month or partial month of the program, give the employer an "Employer Based Training Billing Invoice." Make sure your local office address is on each form.

Each month the employer sends an "Employer Based Training Billing Invoice" to you at your local office address. When you receive the invoice, check it for completeness. Your signature on the form means that everything is in order. Contact the employer if there are any questions. Send the billing invoice to the Trade Act Coordinator/ES Technical Unit. After review by the Coordinator, the check will be issued to the employer.

State of Alaska
Department of Labor and Workforce Development
Employment Security Division
TAA Program
PO Box 25509
Juneau, AK 99802
Phone: (907) 465-1882
(907) 465-5947
Fax: (907) 465-8753

State of Alaska, Department of Labor and Workforce Development

APPLICANT INFORMATION

The information you provide will help us get to know you faster and form the basis for your future plans. Please answer these questions to the best of your ability.

NAME: _____ PHONE NUMBER _____

ADDRESS: _____

Goals

1. What job would you like to have within the next year? _____
2. What job would you like to have within the next 2-4 years? _____
3. Why are you interested in these jobs? _____

4. If necessary, are you willing and able to relocate in order to obtain permanent employment? Yes ☐ No ☐
If yes, in what community/communities are you willing to live, in order to obtain work? _____

5. Based on your present job goals, do you believe:
☐ You have the necessary work experience you need to qualify for the job of your choice?
☐ You need transitional employment or short-term jobs to gain more work experience and qualifications?
☐ You need additional training to qualify for the job that you want?

Education and Skills

- | | |
|--|---|
| 1. Current Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Where? _____ | 7. Vocational Training (include Military) Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Vocational Training a. _____
Certificate/License? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Certification _____
Funding source? _____ |
| 2. High School Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/> | Type of Training b. _____
Certificate/License? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Certification _____
Funding source? _____ |
| 3. Date Last Attended/Graduated _____ | 8. College Credits? Yes <input type="checkbox"/> No <input type="checkbox"/>
College _____
Dates Attended _____
Major _____
Degree Earned _____
Funding Source? _____ |
| 4. GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 5. Date Completed _____ | |
| 6. If no GED or Diploma, why did you leave school?

_____ | |
| 9. Do you have a valid Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 10. Do you have any Occupational Licenses (CDL, etc)? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 11. List the machinery, tools and/or office equipment you can operate: _____

_____ | |

Job Search Activities

1. Have you been actively looking for work? Yes _____ No _____ How long? _____

If you have not been looking for work please explain why: _____

2. What do you think is the main reason you have not been able to find a job? _____

3. Are you currently registered with the Employment Service? Yes _____ No _____

4. Do you have an updated resume? Yes _____ No _____

5. What caused you to lose your last job?

Please explain: _____

6. After training, are you willing to work: Full Time _____ Part Time _____ Seasonal _____ Night Shift _____
Evenings _____ Weekends _____

7. Is there a reason an employer might not want to hire you? Yes _____ No _____

8. Does your family support your decision to return to work? Yes _____ No _____

9. Do you have children that will need childcare? _____ If so, how many? _____

10. List other skills and/or experience obtained outside of work: _____

11. I would describe some of my job skills as follows:

a). My reading skills are:
_____ above average _____ average _____ below average _____ not important to my job goals

b). My writing skills are:
_____ above average _____ average _____ below average _____ not important to my job goals

c). My math skills are:
_____ above average _____ average _____ below average _____ not important to my job goals

d). My ability to express myself and listen carefully to others are:
_____ above average _____ average _____ below average _____ not important to my job goals

e). My teamwork skills and ability to work productively with a wide variety of people are:
_____ above average _____ average _____ below average _____ not important to my job goals

Employment History

Attach a resume, or complete the job history section below including any self-employment, i.e. fishing.
List most recent job first.

Employer Name: _____
Address: _____
Phone Number: _____
Dates of Employment: Beginning _____ Ending _____
Hours per week: _____ **Hourly Wage or Weekly Salary:** _____
Job Title: _____
Description of duties: _____

Reason for leaving: _____

Employer Name: _____
Address: _____
Phone Number: _____
Dates of Employment: Beginning _____ Ending _____
Hours per week: _____ **Hourly Wage or Weekly Salary:** _____
Job Title: _____
Description of duties: _____

Reason for leaving: _____

Employer Name: _____
Address: _____
Phone Number: _____
Dates of Employment: Beginning _____ Ending _____
Hours per week: _____ **Hourly Wage or Weekly Salary:** _____
Job Title: _____
Description of duties: _____

Reason for leaving: _____

I volunteered at:

Place

Job/Activities

Hours

Dates

Special Needs

1. Check items that may limit participation in educational programs or ultimate employment goals:

- | | |
|---|--|
| <input type="checkbox"/> lack of reliable transportation | <input type="checkbox"/> lack of appropriate clothing |
| <input type="checkbox"/> inadequate child care | <input type="checkbox"/> drug or alcohol problem |
| <input type="checkbox"/> lack of food | <input type="checkbox"/> pregnancy needs |
| <input type="checkbox"/> lack of money for daily expenses | <input type="checkbox"/> dental care needs |
| <input type="checkbox"/> family problems | <input type="checkbox"/> trouble with vision |
| <input type="checkbox"/> problems with child or children | <input type="checkbox"/> trouble with hearing |
| <input type="checkbox"/> inadequate housing | <input type="checkbox"/> trouble reading and writing |
| <input type="checkbox"/> legal problems | <input type="checkbox"/> trouble speaking English well |
| <input type="checkbox"/> health/medical problems | <input type="checkbox"/> other: _____ |
| | _____ |

Please be prepared to discuss any of the items that were checked above: _____

2. List any other concerns or issues you would like to discuss with your employment counselor: _____

Privacy Act / Disclosure Statement

I understand that this information may be shared among Workforce Investment Act (WIA) partners for the purpose of assisting me in my reemployment goals.

SIGNATURE: _____

DATE: _____

Equal Opportunity Employer/Program & Auxiliary aids and services are available upon request to individuals with disabilities

General Provisions

I. Payments

1. The Contractor shall receive payment as negotiated in this agreement. Such payment shall be paid by the Agency upon receipt of a properly completed and certified monthly invoice from the Contractor. This invoice also serves as a monthly progress report.
2. Payment shall be contingent on the participation of the Trainee as a full-time employee of the Contractor during each monthly period and may include ancillary cost as negotiated and listed in this contract.

II. Ancillary Costs

Where ancillary training costs are involved, they shall be fully documented within this contract. Reimbursement of costs incurred for classroom training, employment and training services, or supportive services provided by the Contractor for the Trainee must be clearly documented.

III. Subcontracting Prohibited

The Trainee hired under this contract is subject to the same working conditions and benefits as all other employees hired by the Contractor in similar positions. The Contractor may not subcontract the Employer Based Training provided for under this contract.

IV. Trade Mandated Requirements

1. The Contractor agrees to not displace any currently employed worker, including partial displacement such as a reduction in the hours of non-overtime work, wages, or employment benefits as a result of this Employer Based Training.
2. The Contractor certifies that this training does not impair existing contracts for services or collective bargaining agreements.
3. Should the Trainee be subject to the terms of a collective bargaining unit, the training shall only be performed with the concurrence of the collective bargaining agent, as certified below.
4. The Contractor certifies that no other individual is on layoff from the same or any substantially equivalent job for the contractor for which the Trainee is being trained.
5. The contractor certifies that the employment of no regular employee has been terminated or the work force otherwise reduced by the Contractor with the intention of filling a vacancy so created by training the Trainee.

6. The Agency certifies that the training is not for the same occupation as that from which the Trainee was separated and with respect to which such Trainee's group was certified.
7. The Contractor certifies that the job for which the Trainee is being trained is not being created in a promotional line that will infringe in any way upon the promotional opportunities of current workers in the Contractor's employ.
8. The Contractor certifies that the contractor has not received payment under any other Employer Based Training provided by the Contractor in which the Contractor failed to meet the requirements of these provisions (1) through (6).
9. The Contractor certifies that the terms of no other Trade Act Employer Based Training contract has been violated.

V. Treatment of Trainee

1. The Contractor shall provide for the Trainee insurance, or its equivalent, State Unemployment Insurance, FICA, and any other fringe benefits required by law.
2. The Trainee Shall be entitled to the same rights and benefits as other employees in the same occupation and with the same experience in the Contractor's employ.
3. The Contractor's rights to discipline, suspend or discharge the Trainee shall be in accordance with the employer's established rules, regulations and where applicable, an appropriate bargaining agreement.

VI. Hold Harmless

The Contractor Shall hold the Agency harmless from any and all liability for damages, losses, and expenses resulting from, arising of, or in any way connected with the Employer Based Training.

Worker's Responsibilities
While in Trade Act Approved Employer Based Training

The Employment Security Division is pleased that you have chosen an approved Employer Based Training program under the Trade Act of 2002. It is important to know your responsibilities in order to make this a successful career change.

THE CONTRACT:

You will receive a copy of the contract. Read this carefully. It specifies what your employer will provide you in wages and benefits during the training period. If there are other specified services, these will be listed.

During the training period you will work directly for your employer as a regular employee. You will receive the training for the occupation specified in the contract. As a trainee you will be expected to perform all duties and tasks assigned to you to the best of your abilities.

It is necessary for you to make satisfactory progress in all parts of your training in order to continue. Notify your local Trade Act Representative at once if there are any difficulties or problems you encounter.

TOOLS AND SUPPLIES:

If tools or supplies are part of your program, you will be responsible for their proper care and maintenance. Any losses cannot be replaced by the Trade Act funding.

Stolen tools and equipment must be reported to the local police and your Local Office Trade Act Representative.

Once the training is successfully completed, tools and equipment purchased by the Trade Act Office will become your property. In the event you do not finish the training period, you must return all tools, supplies and equipment to the Local Employment Office.

PROBLEMS AND QUESTIONS:

Your Trade Act Representative is available to help. Please do not hesitate to call with any questions or problems you may have during your Employer Based Training.

I have read this form or have had it read to me, and I acknowledge receiving a copy.

Trainee Signature

Trade Act Representative

Date

State of Alaska
Department of Labor and Workforce Development
Employment Security Division
TAA Program
PO Box 25509
Juneau, AK 99802

Employer Billing Information
For
Trade Act Employer Based Training

Thank you for participating in providing Employer Based Training under the Trade Act of 2002. Our hope and anticipation is that all parties to the training will benefit from the program. Following these simple instructions will insure that payment for your services are made promptly and efficiently.

You will receive an "Employer Based Training" Billing Invoice from the Employment Trade Act Representative for each month of the training period.

At the end of each month or partial month of the training period, fill out the wage and hour information completely and send it to the Employment Division address on the form. Any ancillary services provided in accordance with the contract should be clearly specified, as well as services you are providing at no cost to the Employment Division.

The Trade Act Representative at the Local Employment Security office will certify the invoice and send it on to the Department's Central Office where a check will be processed and sent to you. Any questions about the invoice or the payment should be referred to the Trade Act Coordinator/Technical Unit.

The Local Trade Act Representative is also available to help resolve any difficulties or problems that arise during the course of the training. Please do not hesitate to call and discuss the progress of the training any time.

If for any reason the trainee fails to continue the training program or fails to make satisfactory progress, notify the Trade Act Representative at once.

Thank you again for your cooperation in this Trade Act Employer Based Training Program.

Send Billing Invoice to:

**State of Alaska
Trade Act
Employer Based Training Billing Invoice**

Employer _____ Agreement Start Date _____

Address _____ Agreement End Date _____

Total Training Hours _____ Total Fixed Price _____

Monthly Installment _____ IRS # _____

Trainee Name _____ Social Security Number _____

Please record regular hours, paid vacation (V), sick pay (S), and holiday (H)

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

FILL IN: REGULAR
HOURS HOURLY
WORKED WAGE GROSS
 WAGES
 PAID

TOTAL GROSS WAGES PAID		
\$		

I hereby certify that the trainee has received full wages for total hours worked, as shown above.
All applicable Federal taxes have been paid through the proceeding quarter.

Contractor's Authorized Signature Date

Employer Instructions: Return this completed invoice to the local Employment Office at the address shown below. Use the back of this form to record ancillary services rendered. Your comments on the progress of the trainee are also invited.

Local Office Use Only

Total Accrued Hours _____

I hereby certify that performance is in
compliance with the terms of the agreement
and that this payment is owed and due the
employer.

Date: _____

Local Office Address: _____

Central Office Use Only

Invoice Approved by _____

Amt. Paid: \$ _____

Total Accrued Reimbursement _____

Trade Act Representative

Date

REQUEST FOR WORKER TRAINING APPROVAL**AND ALLOWANCES WHILE IN TRAINING**(Use this form for **Employer Based Training** only)

State of Alaska, Employment Security Division

Department of Labor & Workforce Development

FOR OFFICE USE ONLY

Date of Qualifying Separation:

Date of Certification:

Worker's Name: Last, First, Middle	Social Security No:	Local No:	Date of Request:
Address: (No., Street, City or County, State, ZIP Code)			Petition No:

A. Request by Worker

1. I request the Employer Based Training program and allowances under the Trade Act of 2002 as listed below:			
Address of Training Facility:	Name of Training Program:	No. Weeks Training Scheduled:	Starting Date: Ending Date:
2. I request subsistence and/or transportation allowances for attending training outside commuting area of my regular place of residence.			
Address of Regular Place of Residence:	No. Miles from Regular Place of Residence to Training Facility:	Date of Departure:	Time of Departure: a.m. p.m.
3. WORKER CERTIFICATION: I give this information to support my request for entitlement to allowances while in Employer Based Training under the Trade Act of 2002. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.			
Signature of Worker:			Date:

B. Determination by State Agency

You are ENTITLED to:			
Training is approved [<input type="checkbox"/>]	Subsistence:	Allowance for Transportation Costs:	
Your request for training is denied for the following reason(s):		One Way	Round Trip
Signature of State Agency Representative			Date:

C. Advance Payment Information

I request advance payment of:		The following amount(s) are approved for payment:	
[<input type="checkbox"/>] Subsistence Allowance [<input type="checkbox"/>] Transportation Allowance		\$ _____ Subsistence Allowance	
I authorize deduction from my future allowance payments until the advance is repaid. I will repay any amount not deducted.		\$ _____ Transportation Allowance	
		This worker is not able to enter training without advance payment(s).	
Signature of worker:	Date:	Signature of State Agency Representative:	Date:

D. Appeal Rights

If you disagree with this determination, you have the right to appeal. (If the State agency plans to afford the worker reconsideration prior to appeal, then include such information on this form. The State agency will also clearly outline here the statutory time limits and other provisions for filing a request for reconsideration or appeal that are applicable to claims filed under State unemployment insurance law. Full information will be given as to the manner in which reconsideration may be obtained and appeal rights exercised.)

E. Subsistence and/or Transportation Allowance

Explain why subsistence or transportation allowance is requested. You must indicate a breakdown of costs showing where your figures are derived from. Include costs for transportation method (flying, driving), mileage, housing, food and other relevant subsistence costs.

F. Verify

	YES	NO
1. Is "Trade Act suitable" employment currently available? Evidence: _____	[]	[]
2. Would this individual benefit from this training? Evidence: _____	[]	[]
3. Is there a reasonable expectation of employment following training? Evidence: _____	[]	[]
4. Is the requested training available: a. within the individual's labor market? b. outside the individual's labor market? Evidence: _____	[] []	[] []
5. Is this individual qualified to undertake and complete the program at a reasonable cost? Evidence: _____	[]	[]
6. Is training suitable for the worker and available at a reasonable cost? Evidence: _____	[]	[]
7. Have you considered the 10 special Employer Based criteria specified in the EPM?	[]	[]

G. Training Program Information

The Employer Based Training provided by the Trainee is for the occupation of _____,

Dictionary of Occupational Title (DOT) Code or Standard Occupational Code (SOC): _____ (Describe the Employer Based Training program in detail)

H. Release of Information

I hereby authorize the release of all information related to my training at:

to the Alaska Department of Labor and Workforce Development, Trade Act Programs.

Trade Act Applicant Signature

Date



Please list additional job skills on separate sheet and attach to this agreement.

EMPLOYEE/TRAINEE PERFORMANCE AGREEMENT

Employee/Trainee Agreement:

- **Commitment:** This training opportunity is an investment in your future, yet it does not come without hard work. To succeed and reach your goal it is essential that you follow this training plan to the best of your ability.
- **Responsibilities:** It is necessary for you to make satisfactory progress in all parts of your training plan to continue with this job. You will work directly for the employer as a regular employee and report as scheduled to the job site.
- **Tools And Supplies:** You are responsible for the care and maintenance of any tools or supplies provided for your training program. Call your case manager immediately if they are stolen or if you misplace these items.
- **Employee Participation:** I helped develop my training plan and understand that if I fail to participate as agreed I could jeopardize any further training or state monetary assistance.

Please sign only if you agree to follow the training plan and work with the employer as stated in this agreement.

Employee/Trainee Signature: _____ Date: _____

EMPLOYER WORKSITE AGREEMENT

Employer Responsibility

- Provide adequate job training that will sustain employment and a salary equivalent to that of similar positions.
- Provide individualized training conducted at the actual work site and provide for agency monitoring as requested.

Employee Dates of Employment

Dates: From _____ To _____ = Number of Training Weeks _____

Estimated work hours per week: _____

Estimated Wage Calculation

Wage: \$ _____ per hour **X** hours per week _____ = \$ _____ Total Estimated Wage

Will the wage increase during training? Yes _____ No _____ If yes, please explain below:

Estimated Training Weeks: _____ **X Estimated Weekly Wage:** \$ _____ = **Estimated Total:** \$ _____

The employer and sponsoring state agency may amend the estimated training cost by mutual agreement. _____ (employer's initials)

Employer Reimbursement Terms

The employer training reimbursement is:

_____ % Percent of gross weekly wage (does not include overtime) **OR**

\$ _____ Per month Flat Training Fee

Indemnification

The employer shall indemnify, hold harmless, and defend the funding agency from and against any claim of or liability for error, omission or negligent act of the employer under this agreement.

Employer Signature: _____ **Date:** _____

AJCN/Agency Representative Signature: _____ **Date:** _____



Employer Based Training Employer Application

Business Information

This information will be used to complete an accounting profile for your training agreement.

Federal Employer Identification

Number (FEIN): _____

Business Name (DBA): _____

Employer's Name: _____

Business Telephone Number: _____

Business Address: _____

City/St/Zip: _____

Mailing Address: Same as Business ?
Yes: ____ No: ____ If no, please provide:

Address: _____

City/St/Zip: _____

Training Information

Please provide information about the training and the individual authorized to supervise and represent your business in future agreements.

Job Title: _____

Work site Location. Same as Business?

Yes: ____ No: ____ If no, please provide:

Street: _____

City/St/Zip: _____

Name of Authorized Employer Representative: _____

Representative's Telephone Number: _____

E-mail Address: _____

Federal and State Employer Requirements

- ☐ Unemployment Insurance Contribution Account
- ☐ Alaska Business License
- ☐ Workers Compensation Coverage
- ☐ Comprehensive General Liability Coverage
- ☐ Commercial Automobile Liability Insurance if the employee is required to drive a company vehicle.

The Employer agrees:

- ☐ To provide the trainee with State Unemployment Insurance, FICA and any other fringe benefits required by law.
- ☐ That the entry-level wage is based on similar positions and training time is comparable for other workers for a similar position.
- ☐ To provide reasonable accommodation for any qualified disabled employee to assist in the essential job functions.
- ☐ That the position will not interrupt promotional lines for current employees, displace or fire current employees, including partial displacement such as a reduction in workforce hours of non-overtime work, wages, or employment benefits.
- ☐ That the job duties will not relate to religious, political or union activities.

The Employer certifies:

- ☐ Employer has no outstanding wage and hour claims.
- ☐ Previous work site contracts were successful and no federal or state violations occurred.
- ☐ Employer will not discriminate against any person because of race, color, national origin, religious creed, political belief, disability, or age in admission to or participation in this program.
- ☐ Training will not impair existing contracts for services or collective bargaining agreements.
- ☐ If trainee is subjected to the terms of a collective bargaining unit, the training shall only be performed with the concurrence of the collective bargaining agent.

Interested in learning
more about:

- ☐ Employer Tax Credit
- ☐ Federal Bonding

I certify to the best of my knowledge the information I provided is true and accurate:

Employer Name (please print) : _____

Signature: _____ Date: _____



Trade Adjustment Assistance (TAA)

Advisory Form

If you use the Trade Act Programs, we are required to track your progress for our Federally mandated reporting requirements. Tracking occurs during and after any training, job search or relocation assistance you receive.

In order for us to track your progress, we will contact you for information such as your new employment after training, and your job title and wages. You must keep us informed of your current mailing address and telephone number where you may be reached during this transition period.

Permanent Contact: Please provide the following information on an individual who does NOT live with you, but knows how to contact you if you move. It is important this person have a telephone.			
Last Name	First Name	Relationship	Telephone () -
Address	City	State	Zip Code

We appreciate your cooperation. Our goal is to meet our performance measures so that future dislocated workers may be funded through our program. By signing below, you agree to keep the Trade Act Program informed of your whereabouts after utilizing our services.

(Signature)

(Printed name)

(Trade Act Representative)

(Date)

Please note that approved training funds will continue as long as federal funds are available.

State of Alaska
Department of Labor and Workforce Development
Employment Security Technical Unit
TAA Program
PO Box 25509
Juneau, AK 99802